THE TREATMENT OF

UTERINE DISPLACEMENTS,

FROM THE STAND-POINT OF A COUNTRY GYNÆCOLOGICAL PRACTICE; ESPECIALLY REGARDING THE EMPLOYMENT OF PESSARIES.

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I do not propose to refer in detail to particular displacements, and the best methods of treatment; this is unnecessary to the object of the present paper. I design rather to call the attention of intelligent, busy, country practitioners in a cursory and practical manner, to some matters which, I hope, may be deemed worthy of consideration.

I trust that the day is not distant when gynæcological fellowships shall be founded for such men as Peaslee and Storer, who shall devote their ripened years to an exhaustive examination and statement of all that is known regarding gynæic science and art.

In the meantime, let every laborer in this fruitful field bring in his sheaves, be they large or small; and let us be anxious that only the choice wheat remain after the winnowing.

Our motto should be, *nil propter opinionem sed omnia pro veritate.*

Having carefully noted for twenty-three years the results of other practitioners in the use of various pessaries, having myself had a somewhat extensive experience in their employment for the removal of uterine disease and displacements, and feeling, as I do, that the injudicious and almost unlicensed use of them, both in the city and country, has been justly an opprobrium to gynæcological practice, I desire to contribute something to a more discreet appreciation of the value and dangers of mechanical supports in the treatment of uterine displacements.

Let it be borne in mind that, in discussing the subject under consideration, I refer to views of practice largely applicable to the country where our patients, as a general thing, cannot place themselves under our immediate care, where they are situated at great distances, and consequently cannot always be seen when necessary, and where gynæcological practice is peculiarly and doubly responsible, from the fact that the practitioner is, from force of circumstances, as relates to his professional brethren, placed at the disadvantage of being an especialist rather than a specialist.

The uterus is not maintained in situ by unyielding fibrous bands, like some other organs of the body; but that it may subserve its peculiar function, it is loosely suspended and kept in normal position by its ligaments, the contractibility of the vagina, and the pressure of surrounding organs.—Consequently among the prominent causes of displacement are increased volume and weight from whatever cause, relaxation of the ligaments and the vagina, and violent exercise.

After determining carefully what displacements we have to deal with in a given case, our first duty is to ascertain intelligently its causation, and decide, if possible, whether its removal will be followed by a restoration of the organ to its natural position; or whether we are to treat the displacement and its cause conjointly. It is erroneous, I think, to adopt the view so strongly advocated by some, that to remove the cause of the displacement is to *insure* a return of the organ to its normal position; or *vice versa*, that to sustain the organ in situ by well-adjusted mechanical support, is *almost always* wise as a means to restore the organ to its normal condition. For six years I implicitly followed the views of practice laid down by that most eminent gynæcologist, James Henry Bennet, in his second addition of "Inflammation of the

Uterus." I confined myself to such treatment as I deemed wise to remove the local disease and restore the general health, altogether ignoring pessaries; and I am sure that I had gratifying success in very many of my cases, although my signal failures in others finally led me to overcome my prejudices against pessaries, and to employ them in cases where before I would have considered their use mal-practice.

A case in point, which I was called to treat in 1860, Miss W., æt. nineteen; severe chronic endometritis; retroflexion and prolapsion; the vulvæ greatly swollen; the vagina hot and sensitive; cervix and fundus very much increased in volume and exceedingly tender to the touch; cervical canal almost obliterated at the point of flexion; in bed nine months; agonizing pain and convulsions obtained during the menses, which occupied two weeks of each month; extreme emaciation and exhaustion; hysteria.

She had received heroic caustic treatment under the advice of a distinguished college professor. I scarified the vulvæ, raised the uterus out of its bed, applied tannin, morphia, and glycerine, and introduced an inflated French rubber pessary, under the *protest* of the former medical attendant. She was relieved immediately, and in two days was able to sit up half an hour. She was brought to my house on a bed, twelve miles. I employed a soft Meig's ring; then a closed lever hardened rubber pessary; dilated with sponge tent, etc. In eight weeks the menses were normal and recovery ensued.

In this case the history disclosed a fall from a stone wall at eleven years; severe local symptoms supervened, and increasingly continued up to the date of my seeing her. Menses at twelve. I think, beyond question a displacement occurred from the fall, as did also the local suffering and early menstruation. The case was overlooked during its earlier stages, and at a later date an error was committed in seeking to remove the sequences of the displacement alone; but success crowned treatment directed to both cause and effect.—While of the posterior displacements, retroflexion is said by Peaslee and others to occur more frequently in the city, I have found retroversion to obtain in a majority of cases in married women bearing children, whose household duties and the nature of whose employments often require them to rise early from their accouchement, and to engage in just those exercises which most naturally produce this displacement.

In married women not bearing children and unmarried patients, I find cases of retroflexion predominating, largely the result of and associated with a diseased condition of the uterine organs.

In cases of retroflexion appreciable by a digital examination, we usually find the fundus uteri near or lodged in the cul-du-sac of Douglas, and, in a majority of cases, tender to the touch, oftentimes exceedingly so, especially in endometritis. In such cases, we should endeavor to remove, as far as possible, the accompanying disease by appropriate treatment before resorting unnecessarily to mechanical support. A pessary sufficiently large to maintain the uterus in situ may do, and often does, even in skilful hands, serious harm, and, therefore, as a general rule, should be avoided, especially in country practice where it cannot receive the requisite attention.

In 1867 I saw Miss D., æt. 34, seven miles away; retroflexion; chronic corporeal and cervical endometritis; exceedingly painful and very profuse menstruation; tendency to mental alienation. After months of preparatory treatment, she wore, with comfort and benefit, a closed lever, which I made especially for her case. She traveled with it several thousand miles. She considered herself well, though unwilling to part with the instrument, as there was still a tendency to a return of the displacement on its removal. She had worn it months at a time during my supervision of the case.

April 19, 1870. I found her suffering from fully developed metro-peritonitis. Two weeks before she assisted in carrying a bureau and other heavy articles of furniture up stairs, just previous to the menses. The uterus and pessary were firmly wedged into the Douglas' cul-du-sac. On removing the pessary and repositing the uterus, there was a profuse discharge of dark, thin, and exceedingly fœtid matter.

I ordered carbolized vaginal enemas, fomentations, and adopted the "opium plan" of treatment.

There was a marked improvement in her general condition. On the 25th, the bowels moved kindly, and I was not without hope of her recovery till the 29th inst., when she sank rapidly and died apparently from pyæmia.

The following cases additionally illustrate the necessity of caution in the employment of pessaries in country practice:

1870. Mrs. G., æt. 79. Several children, very fleshy; in perfect health, except complete procidentia uteri, attended by a considerable prolapsus ani. I sustained the uterus with a hardened rubber ring, the ordinary Meig's ring not being sufficiently firm.

This, with plain and medicated enemas, gave immediate and satisfactory relief. As she had worn pessaries before, and was intelligent, I soon discontinued my visits, she promising to inform me directly on the occurrence of the "slightest inconvenience." Some six months subsequently she reported "heat and slight pain in the lower portion of the abdomen, with some annoyance in passing water."

An examination revealed a segment of the pessary, about an inch in length, posterior to and diagonally crossing the upper portion of the pubic arch, while the remainder of the instrument was deeply and firmly imbedded in the tissues of the vagina.

I removed a segment of the pessary by means of a strong pair of dentist's cutting forceps. Having a wholesome fear of the "suctorial powers" of the female urethra, from recent cases reported from the practice of certain wise men in the East, I was careful to rotate the cut extremity of the instrument nearest it, (the urethra) towards the anus, which was patent, and to which the pessary exactly applied and easily entered.

I continued the rotation until the whole instrument was disengaged from the vagina. It required little adroitness to complete the operation. The vagina contracted subsequently to such an extent that she has had almost no trouble since.

I inclose the pessary as a gynæcological specimen.

An old physician of considerable reputation, as I am informed, visited a certain locality, was waited upon by six ladies who were all found to need concavo-convex glass pessaries, which I think should never be used under any circumstances. Within two months one of the patients fractured her pessary, perforated the vagina, and died as a result; this being the second instance of the kind which has come under my notice.

I have met with a limited number of cases of mal-position where there has been complete inertia and want of sensibility of the uterine organs, and where the presence of pessaries not only served as a mechanical support, but also as an important remedial measure in arousing the tone and healthy action of these organs.

In 1859 I treated Miss H., æt. 38. Retroflexion; extreme prolapsion; amenorrhœa; in bed nearly fifteen years; a legion of difficulties, not the least of which were the direct sequence of gynæcological charlatanry. I had reason to fear that the uterus was bound down by firm adhesions, as an experienced practitioner had failed in repositing it after a trial of more than an hour's duration, and so difficult was it to move it from its bed. Guiding the sound with my left hand, and manipulating the fundus by means of a probang in the right, I succeeded in passing the sound and replacing the organ, which I sustained by means of a modified Simpson's intra-uterine pessary, and which she wore uninterruptedly eleven week. The normal position and lost powers of the organ were restored, and the patient resumed her place in the household as a comfortable invalid.

Every one of experience has occasionally witnessed how rapidly indurations of the uterus melt away under the pressure of a well adjusted pessary, interesting cases of which I might note, but I deem the country physician fortunate who has such a result rather than serious complications.

I have found that patients with short vaginæ, suffering from displacements, are usually more successfully treated by mechanical support than those of long vaginæ. In the former cases, the pessary, if a lever, can generally be fitted accurately to the fossæ behind the ossa pubis and to the upper portion of the vagina posterior to the uterus, and it retains its position with tolerable certainty; while in the latter cases, it is quite more difficult to secure such a result, and we may be forced to content ourselves with such advantages as we can obtain from the elastic ring, which does not distend the vagina laterally to any considerable degree. An almost insuperable difficulty in the management of pessaries in the country, is that our patients cannot, as a general thing, intermit their daily avocations, and it is nearly impossible to avoid frequent misplacement of the instruments, and consequent results. Not questioning either the intelligence or successful practic of those who differ from me in opinion, I wish to put upon record succinctly the conclusions which I have reached regarding the use of pessaries. And—

1st. That displacements of the uterus are, in a large majority of cases, either a direct sequence of, or are associated with a diseased condition of the uterine organs—the removal of which, by appropriate treatment, usually restores the uterus to its normal position. The employment of pessaries in these cases complicates treatment, and compromits successful results.

2d. That in a certain proportion of cases of uterine displacements, a comparatively small number, well fitting pessaries, in the hands of intelligent and skillful gynæcologists, are essential to the cure of not only the mal-position, but also of the abnormal condition of the organ which accompanies it. Satisfactory results can hardly be obtained by any other method.

3d. That a pessary of whatever kind, when employed for the mechanical support of the uterus, is a foreign body, liable to do serious and perhaps fatal mischief, and never should be placed in situ without great circumspection and close subsequent attention on the part of the attending physician. It has no miraculous power, and its potency for harm is very much underrated.

Different pessaries answer given indications in specific cases, and none should be employed unless the practioner has a clear notion of just what is needed, and he ought to be able to alter or construct his instruments, if need be. The phraseology so commonly used by some interested writers, the retroversion, the anteversion pessary, etc., as if there were some inherent virtue in this or that particular instrument, is a gynæcological absurdity, calculated to mislead, and trenches too closely upon advertising empiricism.

Regarding the different forms of instruments used in the treatment of uterine displacements, I am of the opinion that intra-

uterine, or stem pessaries, should seldom be used. They most generally produce a very considerable irritation; cannot be long worn, interrupt the marital relation, and prevent conception. The same objections, in the main, lie against the various modifications of the stem pessary, which substitute a cup or ring for the intra-uterine stem.

Of the various forms of intra-vaginal pessaries in use, I most decidedly prefer, and commonly employ, the closed lever made of hardened rubber (the best known material for pessaries, on account of its lightness; the high polish of which it is susceptible, and its non-corrosiveness, and the facility with which its shape can be altered), and the soft, elastic ring made of delicate strips of fine whalebone, covered with pure rubber—a beautiful article of which is furnished by Tiemann & Co.

The closed levers in their various forms, as generally procured, are first made into rings, then moulded. These on being softened in boiling water, or by the heat of the vagina, as once occurred in my practice, re-assume the circular form, and it is then difficult to manipulate them into the desired shape. If they are greased and heated over a lamp or coal fire, as usually recommended, they are very apt to become brittle and lose their polish. They should be first made oblong, with the ends rounded, one of them more fully so than the other. These on being placed in hot water, become plastic, and are readily moulded into any required shape. In relation to the use of the sound for the purpose of accurate diagnosis and replacing mal-positions of the uterus, I regard it essential, and do not see how we can dispense with it, and yet, I think the more proficient we become in the "tactus eruditus," the less we shall depend upon it for diagnosis, and in a majority of cases the uterus is restored to its normal position satisfactorily by means of a probang and conjoined manipulation either with or without the use of the speculum, (Sims,) thus avoiding some of the complications which occasionally arise from the indiscriminate use of the sound.

A word of caution to my country brethren who may conceive a bright idea.—Several years since, after much thought and experiment, I contrived the plan of one of the most popular pessaries of the present time, which I thought would overcome some of the prominent difficulties in mechanical support of the uterus. The plan was still incomplete in detail and perfection. I incautiously communicated my idea to a peripatetic professional friend (?) who was interested in a number of patents. Two years after, I learned that my *exact idea*, incomplete as it was, had been patented by a mere boy doctor, who could have had almost no experience in such matters. I was informed, by my instrument-maker, that the sales had already amounted to over twenty thousand dollars. I am satisfied that my confidence was misplaced, and that the man whose name the instrument bears, never conceived the idea of it.

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